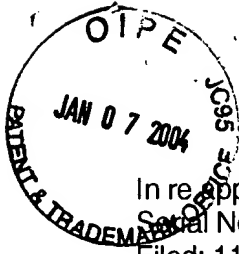


#9



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Cao, et al.

Serial No: 09/989,933

Filed: 11/21/01

For: ATTENUATED FORMS OF BOVINE VIRAL DIARRHEA VIRUS

Attorney Docket No: 3153.00461

**RESPONSE TO NOTICE TO FILE CORRECTED APPLICATION PAPERS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Mail Stop Missing Parts

Dear Sir:

Applicants hereby Petition for an Extension of Time to Respond to the Outstanding  
Action for five (5) months.

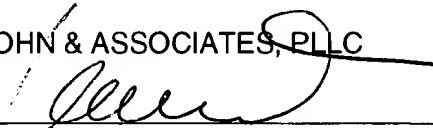
Enclosed herewith are the following:

1. Copy of Notice to File Corrected Application Papers;
2. Associate Power of Attorney;
3. Substitute drawings in compliance with 37 CFR 1.84(g); and
4. Our check in the amount of \$2,010.00 in payment of the required request for extension of time to respond fee.

Please charge our Deposit Account No. 11-1449 for any additional fees or credit our account for any overpayment.

Respectfully submitted,

KOHN & ASSOCIATES, PLLC

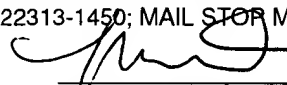
  
Kenneth I. Kohn  
Registration No. 30,955  
30500 Northwestern Hwy.  
Suite 410  
Farmington Hills, Michigan 48334  
(248) 539-5050

Dated: January 7, 2004

Regin. Ref: 01/28/2004 AKELLEY 0008020000  
DAN:111449 Name/Number:09989933  
FC: 9204 \$2010.00 CR

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail and addressed to: the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; MAIL STOP MISSING PARTS on January 7, 2004.

  
Marie M. DeWitt

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01/09/2004 AWONDAF1 00000027 09989933

02 FC:1255

2010.00 OP



JAN 07 2004  
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 UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
 www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/989,933	11/21/2001	Xuemei Cao	PC11050A

CONFIRMATION NO. 1576

## FORMALITIES LETTER



\*OC000000007206773\*

23913  
 PFIZER INC  
 150 EAST 42ND STREET  
 5TH FLOOR - STOP 49  
 NEW YORK, NY 10017-5612

Date Mailed: 12/18/2001

## NOTICE TO FILE CORRECTED APPLICATION PAPERS

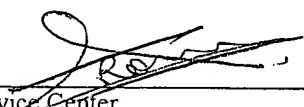
*Filing Date Granted*

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given **TWO MONTHS** from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a)

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
  - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. ( 5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

*A copy of this notice MUST be returned with the reply.*

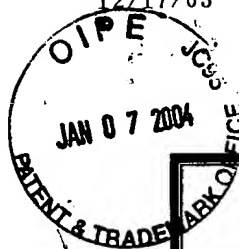
  
 Customer Service Center  
 Initial Patent Examination Division (703) 308-1202

PART 3 - OFFICE COPY

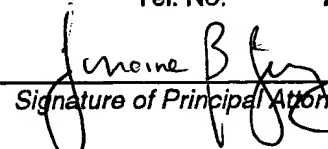
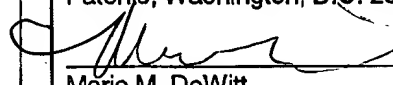
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JAN 09 2004

OFFICE OF PETITIONS



#8

Associate Power Of Attorney Or Agent (37 CFR 1.34) (For Representation Related To A Patent Application)		Docket No. <b>3153.00461/PC11050A</b>	
In Re Application Of: <b>Cao, et al.</b>			
Serial No. <b>09/989,933</b>	Filing Date <b>11/21/01</b>	Examiner	Group Art Unit
Invention: <b>ATTENUATED FORMS OF BOVINE VIRAL DIARRHEA VIRUS</b>			
<u>TO THE COMMISSIONER FOR PATENTS:</u>			
Please recognize the following as <input checked="" type="checkbox"/> Associate Attorney <input type="checkbox"/> Associate Agent in this application			
Name:	<b>Kenneth I. Kohn</b>		
Reg. No.:	<b>30,955</b>		
Address:	<b>Kohn &amp; Associates 30500 Northwestern Hwy. Suite 410 Farmington Hills, Michigan 48334 United States of America</b>		
Tel. No.	<b>248-539-5050</b>		
 _____ Signature of Principal Attorney of Record		Dated: <u><b>December 17, 2003</b></u>	
<b>Lorraine B. Ling, 35,251 Senior Patent Counsel Legal Division Pfizer Inc. 150 East 42<sup>nd</sup> Street 150/5/49 New York, NY 10017-5612 212-573-2030</b>		<b>Certificate of Mailing</b>  I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office To Addressee" service under 37 CFR 1.10 on <u>1-7-04</u> and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.   _____ Marie M. DeWitt	
Registration Number & Address of Principal Attorney or Agent			

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JAN 09 2004

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**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>12/04</u>		2 Serial/Patent # <u>02/989,933</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Filing</td><td style="width: 10%;">4 PAPER NUMBER</td><td style="width: 10%;">5 DATE FILED</td><td style="width: 30%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$ 2010.</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$	<input checked="" type="checkbox"/>	Extension of Time			\$ 2010.		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND \$		
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 40%;">Overpayment</td><td style="width: 60%;">8 TO BE REFUNDED BY:</td></tr> <tr><td>Duplicate Payment</td><td>Treasury Check</td></tr> <tr><td>No Fee Due (Explanation):</td><td>Credit Deposit A/C #:</td></tr> </table>		Overpayment	8 TO BE REFUNDED BY:	Duplicate Payment	Treasury Check	No Fee Due (Explanation):	Credit Deposit A/C #:	9 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1</td> <td style="width: 10%;">1</td> <td style="width: 10%;">--</td> <td style="width: 10%;">1</td> <td style="width: 10%;">4</td> <td style="width: 10%;">4</td> <td style="width: 10%;">9</td> </tr> </table>		1	1	--	1	4	4	9																																					
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11 REFUND REQUESTED BY:																																																					
TYPED/PRINTED NAME: _____		TITLE: <u>Inv Spec</u>																																																			
SIGNATURE: <u>Patrice Bond</u>		PHONE: <u>303-6911</u>																																																			
OFFICE: <u>Office of Revisions</u>																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
APPROVED: <u>Alicia Kell</u>		DATE: <u>1/28/04</u>																																																			

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*